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CONFIRMATION NO. 7483

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/673,077 | <b>FILING OR 371(c) DATE</b><br>09/26/2003<br><b>RULE</b> | <b>CLASS</b><br>514 | <b>GROUP ART UNIT</b><br>1641 | <b>ATTORNEY DOCKET NO.</b><br>071949-5407 |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/371,149 02/20/2003 which is a CIP of PCT/US02/26604 08/20/2002 which claims benefit of 60/313,775 08/20/2001 and claims benefit of 60/334,964 11/30/2001 and claims benefit of 60/346,485 01/02/2002 and said 10/371,149 02/20/2003 is a CIP of 10/225,082 08/20/2002 which claims benefit of 60/313,775 08/20/2001 and claims benefit of 60/334,964 11/30/2001 and claims benefit of 60/346,485 01/02/2002

WC

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/29/2003

|  |   |                        |                     |                    |                         |
|--|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature: <i>[Signature]</i> Initials: <i>WC</i> | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>0 | TOTAL CLAIMS<br>24 | INDEPENDENT CLAIMS<br>1 |
|--|---|------------------------|---------------------|--------------------|-------------------------|

## ADDRESS

30542

## TITLE

Diagnostic markers of stroke and cerebral injury and methods of use thereof

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|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>972 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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